

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14278
1926

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 22 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3508	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3417 GILLHAM ROAD				d. STREET ADDRESS (If rural, give location) 3417 GILLHAM ROAD			
3. NAME OF DECEASED (Type or Print) GERTRUDE		a. (First) A		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 8-1953	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT-18-1888	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OTTUMWA IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STEPHEN BARNES		13b. MOTHER'S MAIDEN NAME ELIZABETH RUPE		13. NAME OF HUSBAND OR WIFE NORYAL JOHNSON		14. ADDRESS 3417 GILLHAM RD. KANSAS CITY MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-34-1867		17. INFORMANT'S SIGNATURE OR NAME NORYAL JOHNSON		18. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL LOBAR PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 490X		19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00A. m., from the causes and on the date stated above.	
23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 4050 Broadway St. S.W.		23c. DATE SIGNED 4-8-53		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
24b. DATE APR-10-1953		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SON'S		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG 4-10-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE 1331 BRUSH CREEK KANSAS CITY, MO.		26. (Licensed Embalmer's Statement of Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John B. Lewis

Licensed Embalmer No. 4875

P. O. Address: KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.